MEDICAID PUBLICATION or FORM REQUEST

January 2006

To order publications from the Bureau of Medicaid Operations,
1. Use the checklist in the box below.
2. Complete the address information.
3. Return this form by FAX or by mail. The FAX number is 536-0476. If you mail this form, please fold it so that the pre-printed address on the reverse side is on the outside and attach postage.

NOTE: The Bureau of Medicaid Operations mails only one copy of the Medicaid Information Bulletin to each group practice. The group practice is responsible to provide a copy to all providers affiliated with that group. If a provider in the group wishes to receive a copy of the bulletin under separate cover from the group practice, contact Medicaid Information:
In the Salt Lake City area, call **538-6155.** Call toll-free in Utah, Nevada, Idaho, Wyoming, Colorado, New Mexico, and Arizona: **1-800-662-9651**. From all other areas, call **1-801-538-6155**.

QUANTITY

___ Level I - ID Screen
___ LTC-1 (Turnaround Document)
___ 499-A Sterilization / Hysterectomy Consent
___ Medicaid Information Bulletin Number (or Name)
_____
___ Payment Adjustment Request
___ PA-3 Prior Authorization
___ Provider License Number List
___ Other Publication: _____
_____
___ UTAH MEDICAID PROVIDER MANUAL:
- * SECTION 1, GENERAL INFORMATION
- for type(s) of service or marked below or to the right:

circled

- Audiologist
- ** Child Health Evaluation Care: CHEC
- Certified Nurse Midwife
- Chiropractor
- Dental Care
- Diagnostic & Rehabilitative Mental Health Services by DHS Contractors
- Enhanced Services for Pregnant Women
- Home and Community Waiver Programs for Individuals
  - Aged 65 and over
  - With Brain Injury, Age 18 and Over
  - With Developmental Disabilities/Mental Retardation
  - With Physical Disabilities
  - Technology Dependent Children

QUANTITY

___ Utah Medicaid Provider Manual for types of services **circled** or marked below:

- Home Health Agency
- Hospice
- Hospital (includes Birthing Center, End Stage Renal Disease, Free-standing Ambulatory Surgical Center
- Laboratory
- Long Term Care
- Medical Transportation
- Medical Supplies
- Mental Health Center
- Occupational Therapy Services by an Independent O.T. NOT in a Rehabilitation Center
- Oral Surgeon
- Personal Care
- ** Pharmacy
- Physical Therapy and Occupational Therapy Services in a Rehabilitation Center
- Physical Therapy Services by an Independent P.T. NOT in Rehabilitation Center
- ** Physician (includes Anesthesiology, Laboratory Services)
- Podiatric Services
- Psychologist
- Rural Health Clinic
- School Based Skills Development Services
- Speech Pathology
- Substance Abuse Services Provider
- Targeted Case Management Programs for:
  - AIDS Patients
  - CHEC Eligibles
  - Chronically Mentally Ill
  - Early Childhood Development
  - Homeless
  - Substance Abuse Services
- Vision Care

____ NON-TRADITIONAL MEDICAID PLAN

____ PRIMARY CARE NETWORK MANUAL

* SECTION 1 is available on the Internet: www.health.utah.gov/medicaid/SECTION1.pdf
**Manual is available on the Internet. Link to list of available manuals (SECTION 2) from: www.health.state.utah.gov/medicaid/html/provider.html

Print or type the information below:

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Attention: Requested by (if other person) Phone Number REQUIRED

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FOR USE BY MEDICAID STAFF

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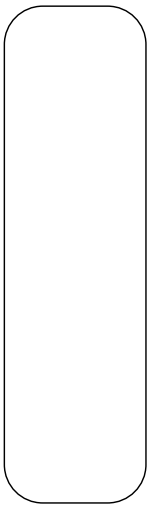

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